

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010126

STATE FILE NUMBER

Register's District No. 360 Primary Registration District No. 3076 Registrar's No. 30

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>817 West Walnut</u>		d. STREET ADDRESS (If outside, give location) <u>817 West Walnut</u>	
3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>Dee</u> Last <u>Bussinger</u>		4. DATE OF DEATH Month <u>February</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/31/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
11. BIRTHPLACE (City and state or country) <u>Nevada Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Cornelius Oscar Bussinger</u>		13b. MOTHER'S MAIDEN NAME <u>Laura E. Sullivan</u>	
14. NAME OF HUSBAND OR WIFE <u>Catherine M. Bussinger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Jack Bussinger Nevada, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of the lungs</u> DUE TO (c) <u>[redacted]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>Unknown</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[redacted]</u>		20c. TIME OF INJURY Hour <u>[redacted]</u> Month, Day, Year <u>[redacted]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[redacted]</u>	
20f. CITY, TOWN, OR LOCATION <u>[redacted]</u>		COUNTY <u>[redacted]</u> STATE <u>[redacted]</u>	
21. I attended the deceased from <u>Nov. 1957</u> to <u>Feb. 18, 1963</u> and last saw him alive on <u>Feb. 18, 1963</u> Death occurred at <u>Nevada, Mo.</u> <u>3:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or Informant) <u>L.P. McCann, M.D.</u>		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>2/18/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2/19/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary (meetary)</u>	
23d. LOCATION (City, town, or county) <u>Nevada, Missouri</u>		24. FUNERAL DIRECTOR <u>Eichinger-Milster Chapel</u>	
25. DATE RECD. BY LOCAL REG. <u>2-19-1963</u>		26. REGISTRAR'S SIGNATURE <u>Arma E. Perry</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

3/11/63

March 31, 1891

March 30, 1892

3/11/63

71

70

DOCUMENT

BY AFFIDAVIT OF Funeral Home

MEDICAL CERTIFICATION

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Darcy F. Meister

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

to avoid this line from being filled and one with the above and one with the above and one with the above.